

Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Children and Family Services

WebEx/Telephone

November 12, 2020 – 4:00pm -5:00pm

MINUTES

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via WebEx/Telephone)	MEMBERS ABSENT
N/A	Anika Todd Carol Sheley Deb McCarrel (Proxy/ Sara Daniel) Dr. Michael Naylor Dr. Rashid Saafir Helena Lefkow Jamie Dornfeld Josh Evans Julie Hamos Kara Teeple Shawnte Alexander Keshonna Lones Kristine Herman Jeff Blythe Raul Garza (Proxy/ Audrey Pennington) Royce Kirkpatrick Ruth Jajko (Proxy/ Chriss Naujokas) Shawnte Alexander Trish Fox	April Curtis Arrelida Hall Ashley Deckert Desiree Silva Director Eagleson Director Smith Dr. Marjorie Fujara Dr. Peter Nierman Gregory Cox Howard Peters Judge Ericka Sanders Kathleen Bush

I. Welcome and Call to Order

Kristine Herman called the meeting to order at 4:00pm.

II. Introductions and Roll Call

Kate Smith took roll call. A quorum was present.

III. Approval of Minutes

Dr. Saafir motioned to approve the minutes. Carol Sheley seconded the motion. Motion carried. Minutes were approved.

IV. Update on Implementation

Kristine Herman: We'll start with Jamie Dornfeld from DCFS. The floor is yours.

Jamie Dornfeld: We're almost 2.5 months into the transition of DCFS youth in care into Managed Care. We're feeling good about the progress we've made. DCFS, HFS, and Youth Care continue to meet

several times per week. The meetings are getting more productive and allowing us to focus on critical issues as they arise – as well as more strategic solutions to long term issues. One shift we have made since we met last month is that DCFS is now participating in YouthCare’s weekly behavioral health and medical rounds. This allows DCFS to provide insight and context for some of the more complicated cases. It also allows members from DCFS’s health services and clinical teams to better understand how YouthCare is approaching these individual cases. We’re able to make connections in real time and collaboratively determine the next steps. We’re also using our weekly Joint Resolution Team meetings to review the cases that may be related to Mobile Crisis Response, hospital discharge planning, or other issues that may have been reported to the Advocacy Office.

We are seeing that many of our youth are experiencing improved access to health services and care coordination, but we need to continue to educate DCFS and POS caseworkers, as well as foster parents, on how to leverage the additional resources and support available. As I’ve mentioned, we really want older youth, caseworkers, and foster parents to ask for what they need. Caregivers and caseworkers can call YouthCare at any time to request support, transportation, help finding providers, help making appointments – finding providers can be stressful, but YouthCare can do that for them. They can call the provider offices and confirm if they’re taking appointments and see if they will honor the continuity of care period.

Speaking of the continuity of care period, we are 2.5 months into it. We have about 3.5 months for providers to be reimbursed for medical or behavioral health services – even if the provider is not in network. We want to make sure that providers that are seeing our youth through this period without a contract will become part of the YouthCare provider network before the end of February 2021. DCFS is keeping track of any inquiries we have received from our youth and families to make sure that those providers have signed contracts or single case agreements. For those who refuse we will make sure that the youth and families will get the support needed to get a new primary care provider. There is always the option, if necessary, for the Guardianship Administrator to switch health plans for those who would be better served under a different plan. We want to make sure there is no disruption in care after February. DCFS is finalizing a provider FAQ that has been compiled from questions submitted to DCFS, HFS, YouthCare and ICOY. That FAQ is going to go out to our child welfare providers at the beginning of next week. We will also post it to the DCFS website. We will continue to compile questions and update that document. As our day to day operations are adjusting to our new, more coordinated, healthcare system our focus is shifting to high end youth who are high utilizers of the hospital systems and working with YouthCare to ensure they have access to hospital beds as needed. We are working together early in the admission process to start the discharge planning and get them out of the hospital as quickly as possible and into an appropriate setting.

One of the issues we are trying to work out right now is the most streamlined way for all members to access YouthCare. We’re exploring how we can connect everyone from the foster parent support specialists to CASA volunteers, so they are able to share information about the youth. We will keep you informed as we make progress.

Kristine Herman: Thank you, Jamie. We will go on now to Dr. Alexander – the floor is yours.

Dr. Alexander: As we are starting into mid-November, we are still watching our metrics very closely. I’m very happy with how we have been able to approach these things collaboratively with not only DCFS and HFS, but also other stakeholders. We are asking ourselves how can we make an impact on things systematically that have maybe been present to these youth for a while – related to youth

hospitalizations, appropriate placements, beyond medical necessity, and other issues. We want to make sure we are coordinating better response to that process. We are probably averaging about 25 calls a day. Our top call drivers remain provider search and membership eligibility. We are happy to see that those are the main reasons people are calling in so we are able to help them walk through that process. We had the last of our townhalls on November 4. We are happy to look at restarting those again after the first of the year. As new things come up we will be able to address new issues. In the beginning we had about 200 participants and in the last one we had about 40-50, so we thought it would be good to give it a break until we are able to provide new information. We continue to work with the HRS to try to get those for any youth we have not done that for. We have many youths that are up for re-screening. We want to make sure we are keeping those current and making sure we can stratify our youth in the proper categories where they belong so we can meet their needs.

Kristine Herman: Okay, thank you. Keshonna do you want to give an update from the HFS perspective? If so, the floor is yours.

Keshona Lones: Last time we met we talked a little bit about focusing on finalizing some of the ongoing reporting requirements as it relates to engaging with our external auditors. They are monitoring staffing, training, and network adequacy. That has been finalized. We are working with our external auditor. We have had time to take a step back to have conversations around available data and think about some of the more strategic and long-term performance outcomes. This has been ongoing conversation with DCFS and YouthCare to have more concrete assessment of the baseline data so we can track the performance and success of the program. Additionally, we have continued to receive the daily metrics from YouthCare which we share and have ongoing conversations with DCFS around some of those call center trends – feedback or inquiries coming from the rapid response team or network questions. We are closely monitoring the care coordination activities. Now that we have had a good opportunity, since the program has transitioned, to have ongoing conversations around existing challenges and identifying opportunities ongoing improvement. On the HFS side we have had ongoing conversations around potential providers – if there is additional assistance that is needed from the Department. We continue to monitor the continuity of care period to leverage our relationship to encourage providers to join the network.

Kristine Herman: Thank you

V. Public Comment

Kristine Herman: Do any members have a question or comment? Do any members from the public have any questions or comments? Please be sure to identify yourself before making your comment, thank you. I'll wait another minute or two for comments.

VI. Adjournment

Dr. Saafir motioned to adjourn the meeting.
Jamie Dornfeld seconded the motion.

The motion carried. The meeting was adjourned.